

Indiana Department of Environmental Management

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue * Indianapolis, IN 46204

(800) 451-6027 · (317) 232-8603 · www.idem.IN.gov

Michael R. Pence Governor Carol S. Comer Commissioner

December 8, 2016

Jana L. Schinbeckler, Auditor Whitley County 220 W Van Buren St Ste 207 Columbia City, Indiana 46725

Dear County Auditor:

Re: Geothermal Heating/Cooling Device

Pursuant to IC 6-1.1-12-34
Property Tax Deduction for

Bryan K. Bowman & Lori L. Bush

7846 E State Rd 205

Churubusco, Indiana 46723

Parcel Number: 92-04-23-426-003.000-

009

The above referenced claim for a property tax deduction, attached State Form 18865 and supplemental attachments, submitted by the above referenced applicant, have been reviewed by this Office in accordance with IC 6-1.1-12-35.5. Please be advised that the heating/cooling system outlined in the claim for exemption (18865) qualifies as a geothermal system as defined in IC 6-1.1-12-34. The total amount of this claim shall be pursuant to IC 6-1.1-12-34(b). This certification does not include a determination as to the total actual or depreciated value of the claimed property.

This certification is for the life of the installed equipment and does not need to be requested on an annual basis. However, when the equipment is no longer in service, the owner of the equipment for which this certification is made must give written confirmation to the assessor of the township or county in which the equipment is installed.

Additionally, this certification does not include a determination as to the timeliness of the claim nor whether the property claimed for exemption is real or personal property.



If you have any questions concerning this matter, you may contact Ms. Donna Palmer at (317) 233-0478.

Sincerely,

Lance Myers, Section Chief

Operations Section
Office of Water Quality

Certification/Approval Number: 161152

Bryan K. Bowman & Lori L. Bush



STATEMENT FOR DEDUCTION OF ASSESSED VALUATION

(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)

State Form 18865 (R11 / 10-15)

Prescribed by the Department of Local Government Finance

FORM SES / WPD

INSTRUCTIONS:

- To be filed in person or by mail by the owner of such property with the County Auditor of the county in which the property is located. A person who is no longer eligible for this deduction shall notify the County Auditor of this change. (IC 6-1.1-12-36)
- FILING DATES:
- (1) Real Property: Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed or postmarked on or before January 5 of the following calendar year.
- (2) Mobile/Manufactured Home assessed under IC 6-1.1-7: Must be completed, dated, and filed during the twelve (12) months before March 31 of the year the deduction is to be effective.
- (3) State Distributable Property under IC 6-1.1-8 (solar powered device only): Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year.
- (4) Personal Property under IC 6-1.1-3 (solar powered device only): Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year. In addition to filing this form for the deduction, an applicant must also attach a Form 103-SPD to either his personal property tax return or his amended personal property tax return for each year the deduction is desired.
 (IC 6-1.1-12-26; 6-1.1-12-26.1; 6-1.1-12-27.1; 6-1.1-12-29; 6-1.1-12-30; 6-1.1-12-33; 6-1.1-12-34; 6-1.1-12-35.5; 6-1.1-12-36)

All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification of qualification by the

Department of Environmental Management pursuant	=	must be decempamed by pro	6/152	
and the control of the state of	CERTIFICATION			
I (We), Bowman, Bryan K & Bush, Lori L certify that	I (we) own or am (are) buyin	g on contract or am (are) le	asing the real property from the real property	
owner the following real property, mobile/manufactured home, state distributable property, or personal property that is subject to assessment and				
property taxation and for which a:				
Solar Energy Heating or Cooling System	☐ Wind Power Device	✓ Geothermal Device	Hydroelectric Device	
	bile/Manufactured Home	State Distributable	Personal Property	
*Applies to a solar power device installed afte	r December 31, 2011.	1 6 H- 141		
deduction from assessed valuation is hereby claim	ned in	Whitley	county.	
Date system/device was installed (month, day, year) Total deduction claimed				
		\$		
SERVICE STREET,	PROPERTY DES	SCRIPTION	Series Company of the	
Taxing District (city, town, township) Smith	Township Sm	aith	Legal description or key number	
If a deduction was allowed last year, have there been any ch	<u> </u>	IIUI	LOT 3 14.5A CARLEE SHORES Parcel number	
Yes No			92-04-23-426-003.000-009	
Address of owner (number and street, city, state, and ZIP co	de)			
7846 E State Rd 205 Churubusco, IN 467	723			
I (We) hereby certify that the above statement is	Signature		Date (month, day, year)	
true, correct, and complete.			12/05/2016	
FOR AUDITO	OR'S USE ONLY		Assessment Date First Effective 20 Payable 20	
Total assessed value of real property or mobile/manufactured home including qualifying device/system.			\$	
2(a) For wind; geothermal; hydroelectric; real property or mobile/manufactured home with a solar powered device: Enter the assessed valuation without the qualifying device/system.				
2(b) For solar energy system only: Out-of-pocket expenditures for components and installation labor.			6	
2(c) For personal property solar power device deduction: Enter amount calculated on Form 103-SPD.			H MH	
2(d) For state distributable solar power device deduction: Enter assessed value of qualifying equipment.			2 220	
3 Deduction: Line 1 minus Line 2(a); or enter the actual amount shown on Line 2(b), 2(c), or 2(d).			o Pom	
CONTRACTOR SERVICES CONTRACTOR OF A LIGHT ACTIVITY	VERIFICATION BY ASSI	ESSING OFFICIAL		
Is property recommended for deduction?	Recommended deduction	Comments, if an	-	
☐ Yes ☐ No			<u> </u>	
Signature of assessing official	Printed name of assessing offici	ial	Date signed (month, day, yead)	
	FINAL DETERMINATION O	E COUNTY AUDITOR		
		I COUNT AUDITOR	App /ed d //c /h	
Deduction determined by County Auditor for assessm	ent date of	_ , 20 payable in 20 _		
Signature of county auditor	Printed name of county auditor		Date signed (month, day, year)	
Description or topogho for shanger			DEC 05 2016	
Distribution on date of filing: Original - County Auditor; File stamped copy - Applicant; File stamped copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assessor Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, If any Assess				
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Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor if Typy, or County Assessor				
OF WHITE				
			TOUNTY	

GEOTHERMAL HEATING & COOLING

De Ma Direira	- 0	A			
Name 6 VIII 60 W	Date of I	nstallation OCHODEN 2008			
Phone # (200) 571-779b	Property Address 7846	State Rd 205			
Make WATER FUYNUE Mod	el Number <u>NSV0W0 A111</u> CTL Seri	al Number <u>081002137</u>			
This form is required be completed and returned to the Whitley County Assessor so an accurate assessment of your geothermal heating and cooling system can be made. Please call (260) 248-3109 if you have any questions.					
Please check ONE box which represents your system.					
HORIZONTAL CLOSED LOOP SYSTEM					
VERTICAL CLOSED LOOP SYSTEM					
OPEN DISCHARGE OPEN LOOP SYSTEM					
RETURN WELL OPEN LOOP SYSTEM					
Please check ONE box which represents the tonnage of your system. (Note: 12,000 BTU = 1 Ton)					
System Tonnage	With Distribution	Without Distribution			
2 Ton					
2 ½ Ton					
3 Ton					
3 ½ Ton					
4 Ton	<u> </u>				
5 Ton					
6 Ton					

Environ Mgmt

(800) 227-8748

FROM: (800 SHIPPING UNITED ORTHO 2235 PENNSYLVANIA ST

FORT WAYNE IN 46803

BILL SENDER

100 NORTH SENATE AVENUE ROOM 1255

INDIANAPOLIS IN 46204

(USj

Par # 156297V-435 RIT2 APV EXP

FedEx Ground



7093 3857 1601

46204

9622 0019 0 (000 000 0000) 0 00 7093 3857 1601



FEDEX GROUND

9622001900000201704200709338571601

12/8/2016 8:43:53 AM

Off of Water Qual

OUTE: IDEM

ISC:





SSAJO